

## **Exhibit 10**

# **Report of Dr. Ramesh Gidumal, M.D.**

NYU Hospital for Joint Diseases



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October 20, 2023

**CLAIMANT:** [REDACTED]  
**INCIDENT DATE:** July 7, 2022  
**EXAM DATE** October 18, 2023

**RECORDS REVIEWED:** I reviewed the medical records from Kolb Radiology, Salvatore Lenzo MD, New York Ortho, Sports Med and Trauma, Ponce Acupuncture, Yellowstone Medical Rehabilitation I also reviewed the Verified and Supplemental Bill of Particulars, and read a transcript of the EBT taken on August 28, 2023.

**HISTORY:** The history was obtained from the medical records. Mr. [REDACTED] is a 50-year-old male who allegedly injured his right shoulder, right elbow, right index finger neck and lower back.

**SUMMARY OF TREATMENT RECEIVED:**

7/18/2022 City MD–Bay ridge. Shoulder complaint: Patient presents with right shoulder complaint which began 1 week ago. Pertinent findings: Positive pains with range of motion. Patient reports 1 week ago he was working his construction job, and he was hanging by a rope with his right arm and afterwards he started having pain in the right shoulder and upper back. Physical examination: Right shoulder: No swelling, tenderness, bruising, erythema, deformity and skin wound and range of motion normal motor 5/5 sensation intact. Right elbow: No swelling, tenderness, bruising, erythema, deformity and skin wound and range of motion normal motor 5/5 sensation intact. Right hand: No dislocation, swelling, tenderness, bruising, erythema, laceration, deformity, scaphoid tenderness and skin wound and normal range of motion, motor 5/5 sensation intact.

7/20/2022 City MD Bay Ridge. Subjective: Pertinent findings no extremity numbness and weakness. Pain with range of motion. Patient complaining of right shoulder pain and right upper back pain x2 weeks. Patient was seen 7/18/2022. Patient reports no improvement of pain. Physical examination right shoulder: No swelling, bruising, erythema, deformity and skin wound. Tender to palpation. Range of motion limited by pain. Strength 5/5. Elbow: No tenderness and range of motion normal.

7/24/2022 City MD—Bay Ridge. HPI: Date of injury July 11, 2021. Shoulder complaint: Reported by patient. Patient presents with right shoulder complaints which began 1 to 2 weeks ago. Pertinent findings: No extremity numbness and weakness. No limited range of motion. Positive pain with range of motion. Patient is here for follow-up. Patient reports shoulder strain while at work on 7/11/2022. Patient reports he was cleared to return to work on 7/22/2022 modified duty. Patient reports pain is the same. Patient reports follow-up with Ortho tomorrow at 9 AM. Physical examination: Right upper extremity: No swelling, tenderness, bruising, erythema, deformity, and skin wound and range of motion normal, motor 5/5. Right shoulder: No swelling, bruising, erythema, deformity and skin wound. Positive tender. Range of motion limited by pain range of motion forward flexion 110 degrees. Positive Neer, positive Hawkins. Right elbow: No swelling, tenderness, bruising, erythema, deformity and skin wound and range of motion normal, motor 5/5 radial pulse normal.

7/25/2022 New York\_18 W 18<sup>th</sup>\_Ortho. HPI: 48-year-old male presented with work-related injury with right shoulder injury on 7/22/2022. Patient reports tripping and about to fall at work when he had to hyperextend his right upper extremity to break the fall. Pain is worse with overhead activities and shoulder motion. Patient is taking Naprosyn given to him at urgent care. Physical examination cervical spine: Active range of motion: No crepitus or pain elicited on motion and flexion normal, extension normal, rotation normal. Inspection alignment normal and no muscle atrophy. Soft tissue palpation no tenderness of the paracervicals, scalene muscle or the superscapular fossa and no trigger points. No bony tenderness. Shoulders: Right: No misalignment, atrophy, erythema, induration, swelling, warmth or scapular winging and AC prominence normal. Soft tissue palpation no tenderness in the infraspinatus, teres minor, subacromial bursa, the subdeltoid bursa, the axilla, the glenohumeral joint, the pectoralis major insertion, the sternocleidomastoid, the costochondral junction, the latissimus dorsi, the serratus, the deltoid, the levator scapula or the lateral cuff insertion. Tenderness of the supraspinatus, the trapezius and the rhomboid. Bony palpation, right tenderness of the acromioclavicular joint. Strength 5/5. Forward flexion 140 degrees. Left forward flexion 150 degrees. X-rays right shoulder no acute bony pathology, acromion type III.

8/16/2022 New York Ortho, Sports Medicine Trauma. He was initially seen and a City MD and was sent to an outside orthopedist. Apparently, he was placed in an arm sling because of pain in the right shoulder, right elbow and right wrist. He is also complaining of neck pain. He has low back pain which he tells me is improving. I have had the opportunity to review some records from City MD from 7/20/2022 indicating x-ray of the shoulder showed no acute osseous abnormalities. His right shoulder pain has become increasingly worse. He has posterior and anterior pain. He has pain about the posterior elbow. He has pain about the dorsal wrist. Physical examination objective exam: Limited range of motion of the shoulder with abduction actively to 130 degrees passively to 165 degrees. Positive impingement. External rotation 85 degrees. Elbow flexion 135 degrees. Extension is full. He has tenderness at the posterior aspect of the elbow about the triceps insertion. He has pain with external rotation testing referred to the area of the supraspinatus. Internal rotation testing is full. Wrist motion is full. He is tender dorsally. There does seem to be some mild pain in the dorsal wrist capsule. X-rays taken today of the shoulder show no acute bony change.

9/15/2022 Salvatore Lenzo, MD. Describe findings: Patient with large pyogenic granuloma at the base of the right index finger from trauma at work. The injury happened in a building under construction. Patient was about to fall when he grabbed a rope, and the rope burned his right index finger. Physical examination none performed.

9/20/2022 New York Ortho, Sports Med and Trauma. HPI: His lower back pain he rates 5-6/2010. Neck pain 5-6/2010. His shoulder and hand pain presently is his most debilitating issue. He has been attending physical therapy and taking anti-inflammatories. Physical examination cervical exam tenderness to palpation. Range of motion decreased. Strength 5/5 sensation decreased sensation noted to the right. Reflexes normal. Spurling sign present bilaterally. Lumbar exam antalgic gait. Tenderness palpation. Range of motion decreased. Straight leg raise present bilaterally, pain radiating posterior. Muscle strength 5/5. Assessment: Lumbar radiculopathy, lumbago, cervical radiculopathy, cervicgia, right shoulder injury right wrist injury.

9/21/2022 Salvatore Lenzo, MD. Postop diagnosis: Large pyogenic granuloma volar radial aspect base of the right index finger and hand with scarring and adhesions of nerve. Procedure: Excision of constricting scar right index finger with local rearrangement flap Z-plasty to cover the wound defect. Excision of large pyogenic granuloma right index finger. Internal neurolysis under microscopic loupe control radial digital nerve right index finger.

10/4/2022 Salvatore Lenzo, MD. Doing well after excision of pyogenic granuloma right hand. Anticipated duration of impairment 2 to 3 weeks.

10/6/2022 10/14/2022 Ponce Acupuncture. Subjective: Neck pain, upper back pain, pain middle back, pain lower back, pain right shoulder and pain right elbow.

10/17/2022 Yellowstone Medical Rehabilitation. Subjective complaints: Cervical lumbar and right shoulder internal derangement. MRI pending. Patient continues to be in pain. Physical examination cervical range of motion decreased Spurling test positive. Lumbar spine: Range of motion decreased straight leg raising positive at 15 degrees bilaterally. Shoulder range of motion normal. Knee flexion 100 degrees. Positive McMurry test.

1/9/2023 Yellowstone Medical Rehabilitation. Subjective complaints: Cervical lumbar and right shoulder internal derangement. Right shoulder pain persists, will be scheduled for arthroscopy next month. Patient scheduled for cervical epidural this month.

3/30/2023 New York Ortho, Sports Medicine Trauma. Returns today for his first postoperative visit. On examination today wounds appear healthy. Sutures were removed. Assessment: Status post right shoulder arthroscopy with rotator cuff repair and biceps tenolysis.

### **SUMMARY OF DIAGNOSTIC TESTING RESULTS:**

7/20/2022 City MD. X-rays right shoulder. Findings: There is no soft tissue abnormality noted. Impression: No acute osseous abnormality.

9/6/2022 Kolb Radiology. MRI cervical spine. Impression: Disc herniations at C3-4, C4-5, C5-6 and C6-7 with central and foraminal narrowing. The herniations at C4-5 and C5-6 impinge directly on the spinal cord.

9/7/2022 Kolb Radiology. MRI right elbow. Impression: Tears of the arches of the lateral ulnar collateral ligament and radial collateral ligament. There are also partial tears of the insertion of the biceps and brachialis tendons with no retraction. There is a partial tear of the supinator muscle. Soft tissue edema and small joint effusion.

10/5/2022 Kolb Radiology. MRI of the lumbar spine. Impression: Disc herniation at L4-5 and L5-S1 with central and bilateral foraminal narrowing. Disc bulge at L3-4. Transitional L5 vertebra.

**PHYSICAL EXAMINATION:**

A physical examination was performed on October 18, 2023

Mr. [REDACTED] was instructed that if any maneuver caused pain or discomfort to notify me. The plaintiff was also instructed not to attempt any maneuver the plaintiff did not feel capable of performing or had been told by any of their physicians not to perform.

A goniometer was used to measure the range of motion. The range of normal values is based on a variety of studies including but not limited to the American Academy of Orthopedic Surgery, New York State Worker's Compensation Board Guidelines, and the AMA guidelines fifth edition. The range of motion of the examined body parts was performed by the plaintiff. This is a subjective maneuver on the part of the plaintiff. All measurements of the range of motion were performed with the examiner using a handheld goniometer. The measurement itself is, therefore, an objective measurement of the plaintiff's subjective efforts.

**OPINION:**

**RIGHT ELBOW**

Following his alleged accident of July 7, 2022, he was not seen in an urgent care clinic, emergency room or by any medical provider for almost 10 days.

He was seen at city MD on July 18, 20, 24, and 25, 2022. On examination his elbow was noted to have no evidence of an acute traumatic injury noted by any of his medical providers. There was no swelling, tenderness, bruising, erythema, deformity or skin wound. His range of motion was normal, his motor was 5/5 and sensation was intact. A follow-up was performed by orthopedics the next day and no abnormalities of the elbow were noted.

He was seen at New York Ortho, Sports Med and Trauma on August 16, 2022. On examination there was no evidence of any traumatic injury to the elbow. There was no bruising, bleeding, swelling or ecchymosis. The examination reveals some tenderness along the posterior aspect of the elbow.

MRIs done of the elbow revealed signal changes throughout the elbow except in the posterior aspect of the elbow which was the area of his alleged tenderness. The area of subjective tenderness was completely normal on the MRI. The MRI read soft tissue swelling however the physical examination failed to reveal any evidence of soft tissue swelling.

The MRI noted abnormalities in the arches of the lateral ulnar collateral ligament and radial collateral ligament. On examination there was no swelling, tenderness, bruising or instability along those ligaments. There were read as partial tears of the biceps and brachialis tendons. On examination there was no bruising, bleeding or swelling in that area. There was no tenderness or weakness. Therefore, it is my opinion that the abnormalities on the MRI were not acute or traumatic relating to

the events of July 7, 2022, but rather chronic degenerative from repetitive use or old. In acute injuries there should be bleeding or swelling of the ligament. None were present in this case suggesting the signal abnormalities were not acute or traumatic relating to the events of July 7, 2022.

Further follow-ups were performed, and no objective evidence of an elbow injury was noted.

On my examination of October 18, 2023, I noted that he had a full range of motion, no instability or swelling.

In conclusion, it is my opinion within a reasonable degree of medical certainty that there is no medical evidence that Mr. [REDACTED] suffered any significant or permanent injury to his right elbow as a result of the events of July 7, 2022.

### **RIGHT SHOULDER**

Mr. [REDACTED] is a 50-year-old male with diabetes. He is currently on Janumet 50–500 and Farxiga 5 mg. Diabetics have a high incidence of shoulder pain with limitations in motion. The abnormalities with the shoulders are not traumatic in etiology.

Following his alleged injury of July 7, 2022, he was not seen in the emergency room, urgent care clinic or by any medical provider for almost 10 days.

Following his accident, he was seen at City MD on July 18, 20, 24, and 25, 2022. He had some subjective complaints of shoulder pain however on physical examination no evidence of an acute traumatic injury was identified. The treating physician noted that the right shoulder had no swelling, bruising, erythema, deformity or skin wound. He had some subjective complaints of tenderness and limitations in motion. A follow-up examination was made by orthopedics the next day who also identified no evidence of an acute traumatic injury. They also saw no evidence of any bruising, bleeding, swelling, ecchymosis or bleeding.

X-rays were taken which showed no soft tissue abnormality and no bone or joint injury.

He continued to have subjective complaints of shoulder pain but no objective evidence of a shoulder injury.

There was no abnormal radiographic study of the right shoulder. There was no abnormal x-ray, CT scan, MRI, ultrasound or arthrogram.

He underwent arthroscopic surgery, but the operative report and the preoperative MRIs were not made available to me. The opinions expressed in this report may change as those records become available. According to the medical records provided to me, he was seen once postoperatively by his orthopedic surgeon.

On my examination of October 18, 2023, I noted that he had a full range of motion with well-healed surgical incisions.

Based on the medical records provided to me, my examination as well as the radiographic studies it is my opinion within a reasonable degree of medical certainty that there is no evidence that Mr.

██████████ suffered any significant or permanent injury to his right shoulder as a result of the events of July 7, 2022.

### **RIGHT HAND/WRIST**

Following his alleged injury of July 7, 2022, he was not seen in the emergency room, urgent care clinic or by any medical provider for almost 10 days.

He was evaluated at City MD on July 18, 2020, 24 and 25, 2022. He had no subjective complaints of hand pain. He had no complaints referable to his fingers. Physical examinations were performed of the right upper arm and no abnormalities of the hand or digits were noted. Specifically on July 18 his digits were evaluated. His right finger digits revealed no swelling, tenderness, bruising, erythema, laceration, deformity or skin wound. His nail was intact without deformity. His range of motion was normal motor was 5/5 his flexor digitorum profundus and flexor digitorum superficialis were intact and 5/5 strength with extension and sensation intact. There was no evidence of any injury to the base of the right second finger.

He was subsequently evaluated at New York Ortho, Sports Med and Trauma where he had no subjective complaints of hand pain and on examination there is no documentation of any abnormality of the right hand. No wound, laceration, burn or other injury was noted.

He was seen by Dr. Lenzo on September 15, 2022. Mr. ██████████ related a history of having a rope burn at the base of his right index finger. However, Dr. Lenzo's physical examination documents no objective evidence of a recent injury to the base of the right second finger. He allegedly required a neurolysis but on physical examination no evidence of any Tinel's sign, numbness, tingling or evidence of nerve irritation or injury was documented. A review of the records reveals no subjective complaints of wrist pain and on examination no objective evidence of a wrist injury. Medical records document no diagnosis of a wrist injury by Dr. Lenzo.

He underwent an excision of the right index finger mass on September 21, 2022. The mass was allegedly sent for histologic analysis. The pathology report was not made available to me. The opinions expressed in this report may change as the pathology report becomes available. The anesthesia record associated with the procedure was not made available. The opinions expressed in this report may change as that record becomes available.

He was seen once postoperatively, and then no further follow-ups were needed. No physical therapy was ordered.

On my examination of October 18, 2023, I noted a well-healed surgical incision at the base of the right index finger.

His range of motion was full, his wound was nontender and no neurologic deficits were noted.

In conclusion, it is my opinion within a reasonable degree of medical certainty that the medical records do not support the allegation of a significant and permanent injury to the base of the right second finger nor wrist as a result of the events of July 7, 2022.

### **LUMBAR AND CERVICAL SPINE**



Mr. [REDACTED] is alleging a significant and permanent injury to his lower back as a result of the events of July 7, 2022. After his alleged injury he did not require any medical care, urgent care visits or emergency room visits for almost 10 days. His first visit was on July 18, 2022, when he was seen at City MD. He was evaluated on July 18, 2020, 24 and 25, 2022 on all 4 occasions he had no subjective complaints of back or neck pain. On examination there was no objective evidence of any traumatic injury to the lower back. He had some subjective complaints of upper back pain but no objective evidence of any injury. There was no documentation of any neurologic deficits, sensory abnormalities, bruising or bleeding.

His first complaints of back and neck pain were approximately 2 months later when he was seen at New York Ortho, Sports Med and Trauma. He was evaluated but had no objective evidence of a traumatic injury.

An MRI was performed of the lumbar spine on October 5, 2022. The MRI showed evidence of diffuse disc disease with herniations at L4-5 and L5-S1. There was disc bulges at L3-4. There were congenital abnormalities with transitional L5 vertebra. There was evidence of arthritis with bilateral foraminal narrowing. There was no evidence on the MRI that any of these changes were acute or traumatic. There was no bleeding, soft tissue swelling, bone marrow edema, T2 signal abnormality, fracture or dislocation. There was no evidence of any nerve compression identified.

An MRI was also performed of the cervical spine on September 6, 2022. The MRI showed multiple levels of disc herniations at C3-4, C4-5, C5-6 and C6-7. There was evidence of spinal stenosis with central and foraminal narrowing. There was no evidence of any traumatic injury. There was no soft tissue swelling, bleeding, bone marrow edema, T2 signal abnormality, fracture or dislocation. There was no nerve compression identified.

On my examination of October 18, 2023, and noted that he had a full range of motion with no evidence of any radiculopathy, myelopathy or herniated disc of either his cervical or lumbar spine.

In conclusion, it is my opinion within a reasonable degree of medical certainty that after reviewing the medical records, the radiographic studies as well as examining Mr. [REDACTED] there is no evidence that he sustained any significant or permanent injury to his cervical or lumbar spine as a result of the events of July 7, 2022.

## CONCLUSIONS

It is my opinion within a reasonable degree of medical certainty that Mr. [REDACTED] can work full-time full duty in any occupation of his choice and will not be impaired by the events of July 7, 2022. It is my opinion within a reasonable degree of medical certainty that no further causally related medical treatment will be required. It is my opinion within a reasonable degree of medical certainty that he is not at increased risk for developing posttraumatic arthritis as a result of the events of July 7, 2022.

The opinions expressed in this report are based on the medical records provided to me and my physical examination of the plaintiff. As more information becomes available, I reserve the right to amend my opinion. The opinions expressed in this report assume that the history as provided by the plaintiff is correct.

I, Ramesh Gidumal, M.D., being a physician duly license to practice medicine in the state of New York, pursuant to CPLR section 2106, hereby affirms under the penalties of perjury that the



statements contained herein are true and accurate. I am not a party to the action. I declare under penalties of perjury that the information contained within this document was prepared and it is the work product of the undersigned and is true to the best of my knowledge and information.

Yours truly,

A handwritten signature in black ink, appearing to read 'Ramesh Gidumal', with a stylized flourish at the end.

RAMESH GIDUMAL M.D.